## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10009730

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                |                                          |                                           |                   |                               |                              | mn 2)            | SMALL ENTITY TYPE OF |                        |    | OTHER THAN R SMALL ENTITY |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|-------------------|-------------------------------|------------------------------|------------------|----------------------|------------------------|----|---------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                  |                                          |                                           | 25                |                               |                              |                  | RATE                 | FEE                    |    | RATE                      | FEE                    |
| FO                                                                                                                                                                                                                                                                                                                                            | R                                        |                                           | NUMBER FILED      |                               | NUMBER EXTRA                 |                  | BASIC FEI            | 370.00                 | OR | BASIC FEE                 | 740.00                 |
| TO                                                                                                                                                                                                                                                                                                                                            | TAL CHARGEAI                             | BLE CLAIMS                                | 7 minus 20= *     |                               | * 67                         |                  | X\$ 9=               |                        | OR | X\$18=                    | 90                     |
| INDEPENDENT CLAIMS 9 minus 3                                                                                                                                                                                                                                                                                                                  |                                          |                                           |                   |                               | *                            |                  | X42=                 |                        | OR | X84=                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                              |                                          |                                           |                   |                               |                              |                  | +140=                |                        | OR | +280=                     |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                      |                                          |                                           |                   |                               | r "0" in c                   | olumn 2          | TOTAL                |                        | OR | TOTAL                     | 840                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                 |                                          |                                           |                   |                               |                              |                  | SMALL                | ENTITY                 | OR | OTHER<br>SMALL I          |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                   |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY         | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                               | Total                                    | *                                         | Minus             | **                            |                              | =                | X\$ 9=               |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                               | Independent                              | *                                         | Minus             | ***                           |                              | =                | X42=                 |                        | OR | X84=                      |                        |
|                                                                                                                                                                                                                                                                                                                                               | FIRST PRESE                              | NTATION OF M                              | ULTIPLE DEF       | ENDEN                         | CLAIM                        |                  | +140=                |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                               |                                          |                                           |                   |                               |                              |                  | TOTAL<br>ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE       |                        |
|                                                                                                                                                                                                                                                                                                                                               |                                          | (Column 1)                                |                   | (Colu                         | mn 2)                        | (Column 3)       | ADDIT. FEE           |                        | •  | ADDII: 1 22               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                   |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                               | Total                                    | *                                         | Minus             | **                            |                              | =                | X\$ 9=               |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                               | Independent                              | *                                         | Minus             | ***                           | T CL AINA                    | =                | X42=                 |                        | OR | X84=                      |                        |
| L                                                                                                                                                                                                                                                                                                                                             | FIRST PRESE                              | NTATION OF M                              | OLTIPLE DEF       | ENDEN                         | CLAIM                        |                  | +140=                |                        | OR | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                                               |                                          |                                           |                   |                               |                              |                  | TOTAL<br>ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE       |                        |
|                                                                                                                                                                                                                                                                                                                                               |                                          | (Column 1)                                |                   | (Colu                         | mn 2)                        | (Column 3)       | 7,00111122           |                        | _  |                           |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                   |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                               | Total                                    | *                                         | Minus             | **                            |                              | =                | X\$ 9=               |                        | OR | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                                               | Independent                              | *                                         | Minus             | ***                           | T OL 4111                    | <u> -</u>        | X42=                 |                        | OR | X84=                      |                        |
| Ĺ                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                           |                   |                               | i CLAIM                      |                  | +140=                |                        | OR | +280=                     |                        |
| *                                                                                                                                                                                                                                                                                                                                             | If the entry in colu                     | mn 1 is less than                         | the entry in colu | mn 2. writ                    | e "0" in co                  | olumn 3.         | TOTAL                |                        | OR | TOTAL                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                          |                                           |                   |                               |                              |                  |                      |                        |    |                           |                        |